

## INSTRUCTIONS FOR ORDERING FROM STATE PRINTING

To order printed material, simply fill out a [DA-200 - Printing Request Form](#), attach the **most current** sample of what you want printed and mail to:

**Office of State Printing and Forms Management  
P.O. Box 94095  
Baton Rouge, LA 70804-9095**

If you have questions concerning the completion of this form, please feel free to call our office at (225) 219-9589. Our staff will be glad to assist you.

Instructions for completion of the Printing Request Form and some general guidelines are as follows:

1. Complete the **RED** box according to your payment method.
2. **Requisition Date**: The date the form is completed.
3. **Delivery Date Requested**: For normal deliveries, indicate the date your job is needed. If this date cannot be met, we will contact you by phone to determine how best to meet your needs. If a **RUSH** delivery of less than 4 weeks is required, indicate the date you need delivery and write "RUSH" in the box. A 10% rush charge will be added to your order for this service.
4. **Customer Requisition Number**: This is for your use only. If required, this number will appear on the delivery receipt and invoice.
5. **Proof To**: If a proof is required on the job because of composition changes, indicate the persons name who should receive the proof. Please include the complete mailing address or fax number.
6. **Contact Person**: Please indicate the persons name and phone number in case of questions.
7. **Invoice To**: Indicate the agency name, address and person to receive the invoice.
8. **Deliver To**: Indicate the agency name, street address (not P.O. Box number) and other pertinent information such as room or floor number, person to receive order, etc. If you prefer to "pick up" your order, write "call for pick up", your name and phone number so we can contact you when your order is ready.
9. **Form Number**: Write in your form number if available. Many forms have similar names, so this number is helpful in filling your order properly.
10. **Revision Date**: This is the revision date of your form and indicates the month and year that changes were made to the form. The correct revision date aids in filling your order properly.
11. **Form Name**: This is the name of your form or document. If ordering letterhead or envelopes, then simply write "letterhead" or "envelopes" in this blank.
12. **Reprint As Is**: On exact reprints, check this box.
13. **New Form**: For new jobs not printed by us before, check this box.
14. **Revised**: Check this box if form has changes that need to be made.
15. **Previous Job Number**: This is the number that was assigned to your last order. We use this number to pull up information regarding your job which assists in processing your order quickly.
16. **Quantity**: Enter the number of forms you want printed.

17. **Size:** Enter the size of your form (such as 8 1/2 x 11, etc.).

18. **Typeset:**

- (a) None Required - Check this box for exact reprints.
- (b) From Disk - Check this box if you supplied a disk with your form. Please note that you must fill out the Electronic Output Request (on the back of the Printing Request form) to provide important information about the disk you supplied.
- (c) Complete - Check this box if your job is new and requires complete composition.
- (d) Changes - Check this box if your job has been revised and requires composition changes.
- (e) Proof Required - Check this box if your job requires composition (new or with changes) so we can send you a proof. No need to check this box for exact reprints.

The remainder of the order form (#21 thru 28) concerns specific aspects of your printing job. If you need assistance in this area, please call us at **225-219-9589** and we will be happy to help. Finally, be sure to attach a **current sample** of the item to be printed and sign the order form at the bottom. Proper completion of the Printing Request Form will help insure that you will receive a quality, professional job within the requested time frame.